

Name In Full

Certificate of Death

Charles Benson Baker

Town

County

MARYLAND

Died at Frederick

"

Date 19	Month	Day	Age	Y.	M.	D.	Native of	Occupation
02	11	12	40	4	1		Md	Carnage Painter
Male		White		Married		Widow		Divorced
Female		Colored		Single		Widower		Number of children living 3

Husband of

Wife

Father's Name	Mother's Maiden Name
Ephraim R. Baker	Julia Whitham

Cause of Death	Primary	How long sick
Death	Immediate	6 mos
	Spontaneous	Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70895



Name
in
Full

Mr. Caroline Frances Burck.

CERTIFICATE OF DEATH

Town

County

Died at *Frederick*

Frederick

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1902

November

4

Age

70

1

4

Sex

Female

Color or
Race

White

Birth-
place

Frederick

Married, Single
or Widowed

Widowed

Occupation

Housekeeper.

Name of wife or
Husband

Chas. H. Burck.

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

Car

CAUSES OF DEATH

Primary

Intra-cranial Hemorrhage, [Apoplexy]

How long

3 days.

Immediate

Respiratory Paralysis; partial.

How long

3 days.

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

B. N. Hoke, M.D.

Address

Frederick

Md. X

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

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Name
in
Full

Maria Constante

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Emmitsburg</i> <small>Town</small>		<i>Ludwick</i> <small>County</small>			
Date of death 190 <i>2</i> <small>Month</small>	<i>Nov</i> <small>Day</small>	<i>21</i> <small>Age</small>	<i>94</i> <small>Years</small>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Ind</i>			
<input checked="" type="checkbox"/> Married, <input type="checkbox"/> Single <input type="checkbox"/> Widowed		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>George Constant</i>					
Father's Name <i>Brown</i>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Ellen Reatty</i>			How related to deceased <i>daughter</i>		

CAUSES OF DEATH

Old age

PHYSICIAN
OR CORONER

Primary	How long <i>154</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. J. Hensley, M.D.</i>
	Address <i>Emmitsburg, Md.</i>
Accident or Suicide?	



Name
in
Full

Arthur Edward Cronis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Middle Town		County Frederick		MARYLAND							
Date of death 1902		Month Nov		Day 5		Age 0		Years 0		Months 0		Days 11	
Sex male		Color or Race white		Birth- place Frederick Co									
Married, Single or Widowed Single		Occupation None											
Name of Wife or Husband													
Father's Name Samuel J Cronis							Father's Birthplace Va						
Mother's Maiden Name Anna S Bowles							Mother's Birthplace Frederick Co						
Name of person giving In formation Samuel J Cronis							How related to deceased Father						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Congestion		How long Four days	
Immediate Cardiac Failure		How long →	
Are the name, age, sex, color, date and, place correctly given above? Yes		Signature of Physician D. H. Magowan	
		Address Middle Town	
Accident or Suicide?			



Name in Full

Certificate of Death

John Thomas Crouse

Town

County

Died at

Frederick

Frederick

MARYLAND

Date 1892 - 11 - 26

Age 33 - 7 - 13

Native of Frederick

Occupation

Laborer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number~~ of children living

Husband

of

Florida Reynolds

Father's

Name

John Thomas Crouse

Mother's

Name

Margaret Brust

Cause of

Primary

How long sick

3 years

Death

Immediate

Consumption 27

Accident, Suicide, Homicide

Reported by

C. C. Bailey - Funeral Director

Address

Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65982

C. C. Cady
M Oberg
—

Name in Full

Certificate of Death

Infant Crumwell

Town

County

Died at

Fredricks

MARYLAND

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
02	11	10			1	ma	X
Male	White	Married				Widow	Divorced
Female	Colored	Single				Widower	Number of children living

Husband of
Wife

X

Father's
Name

Geo. Crumwell

Mother's
Maiden Name

Rose Dorsey

Cause of	Primary	How long sick
Death	Immediate	151
	Caution	Accident, Suicide, Homicide

Reported by

W. J. Gordon, M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79896



Name In Full

Certificate of Death

Louise Davis ^{col d}

Died at ^{Town} *Montgomery Street* ^{County} *Montgomery* MARYLAND

Date 19*02* ^{Month} *Nov* ^{Day} *4* ^{Age} *78* ^{Y.} *-* ^{M.} *-* ^{D.} *-* ^{Native of} *Ind - Ia* ^{Occupation} *Retired*

~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~

^{Female} ^{Colored} ~~Single~~ ^{Widower} ^{Number of children living} *1*

Husband of

Wife *+*

Father's Name *+* ^{Mother's} *+*

^{Maiden Name}

Cause of Death	Primary <i>Old age</i>	<i>154</i>	How long sick
	Immediate <i>Exhaustion</i>		Accident, Suicide, Homicide

Reported by *S. S. Maynard*Address *97 Second St W.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John Wesley Dawson,
Town Latocton County Fredk

Died at

MARYLAND

Date 19 02 11 23- Age 74 8 21 Native of Md Occupation Laborer

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

Husband of Martha A. belix

Wife

Father's Name

Mother's Maiden Name

Cause of Primary Unknown 179

Death Immediate Heart Failure

How long sick 15 minutes

Accident, Suicide, Homicide

Reported by M. R. Etchison Undertaker

Address Jefferson Fredk Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mary E. W Deacons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death 190		2	Month 11	Day 2	Age 29	Months 7	Days 28
Sex Female		Color or Race Black		Birth- place Md			
Married, Single or Widowed		Single		Occupation None			
Name of Wife or Husband							
Father's Name Lucius Deacons				Father's Birthplace Md.			
Mother's Maiden Name Kate				Mother's Birthplace Va.			
Name of person giving Information Kate Deacons				How related to deceased Mother			

CAUSES OF DEATH

Primary	General paresis of Insanity - Ex Houston	How long	27 yrs
Immediate		How long	4 yrs

Are the name, age, sex, color, date
and place correctly given above? YesSignature of
Physician

Address

W. A. Long

37 E. Pollock St
Frederick Md

Accident or Suicide?



Maurice Diner

Town

County

MARYLAND

Died at Near Liberty

Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Nov 2

Age 83.6.

Ireland Farmer

Male

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living 5

Husband of

Wife Hannah Borden

Father's

Mother's

Name John Diner Maiden Name

Mary Holleran

Cause of

Primary

Complication of Diseases

How long sick

Over a Year

Death

Immediate

Exhaustion.

184

Accident, Suicide, Homicide

Reported by

J. Thomas Diner.

Address

Liberty Town

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Irving Dixon
 Died at ^{Town} Park Hills ^{County} Ford MARYLAND
 Date 1922 11 16 Age 20 9 14 Native of Md Occupation Clerk
 Male White ~~Married~~ Widow ~~Divorced~~
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Maiden Name

Malinda Dixon

Cause of Death { Primary Supplement fever. How long sick
 Immediate Heart failure Accident, Suicide, Homicide

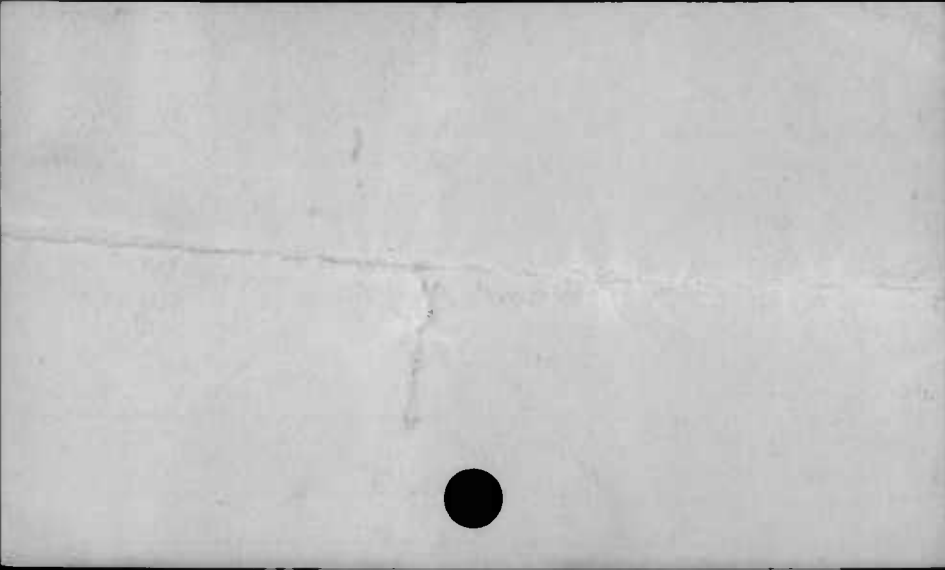
Reported by

C. H. Conley

Address

Adams Station Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
FullNo 17 -
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Name *Grafton Dorsey* Town *New London* County *Frank*

Died at *New London* Maryland

Date of death 1902 Month *11* Day *19* Age *17* Years Months Days

Sex *Male* Color or Race *Columbian* Birth-place *New London*

~~Married, Single or Widowed~~ *Single* Occupation *Labourer*

~~Name of Wife or Husband~~

Father's Name *Albert Dorsey* Father's Birthplace *Frank Co*

Mother's Maiden Name *Ruth Johnson - 27* Mother's Birthplace *Frank Co*

Name of person giving information *Dr Downey* How related to deceased *None*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

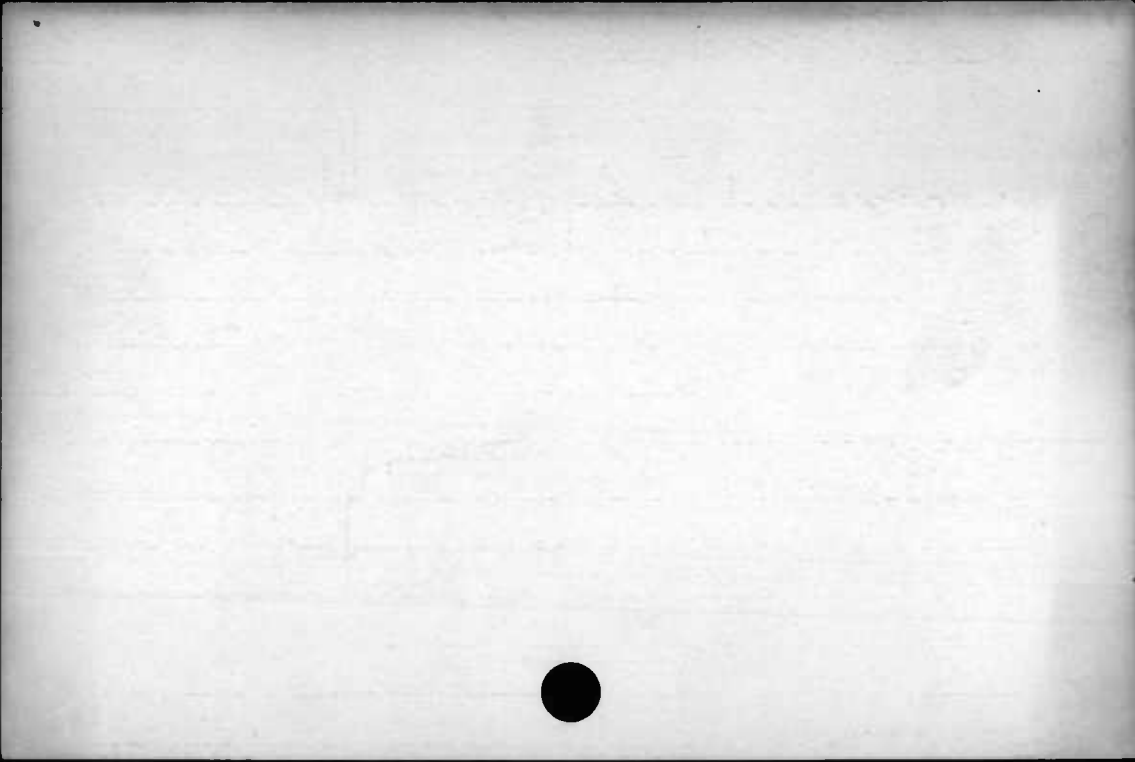
Primary *Accident* How long

Immediate *Exhaustion* How long *2 years*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr Downey* Address *New Market*

Accident or Suicide? *X*



Name in Full

Certificate of Death

Died at

Date

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Grafton Dorcey

Town

County

New London

Frederick

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

902

Nov 18

Age

17

-

18

Md

Laborer

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

~~Widow~~

Number of children living

of

Mother's

Name

Albert Dorcey

Ruth Dorcey

Primary

Immediate

Acute Arthritis

Arthritis

How long sick

about 3 wks

~~Accident, Suicide, Homicide~~

Reported by

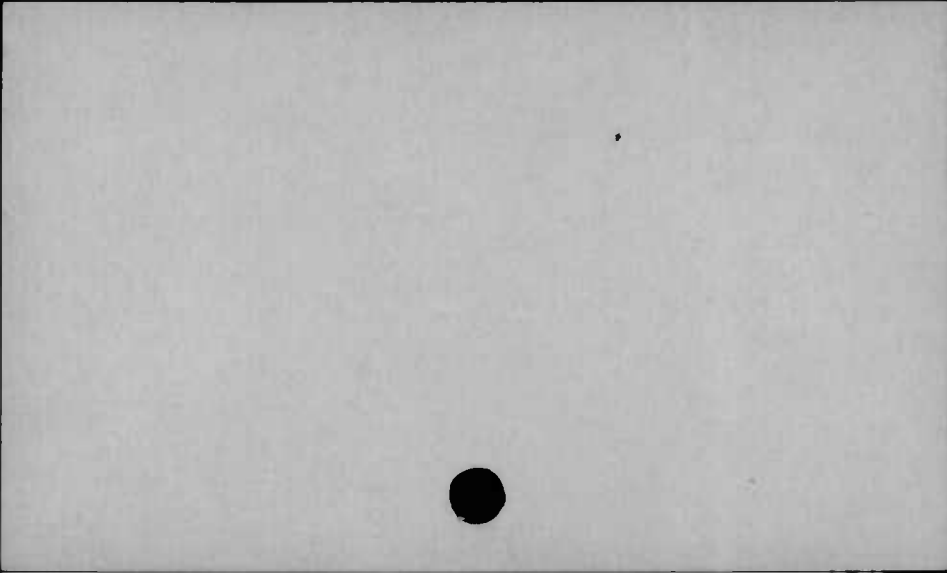
Address

Otis D. Stone M.A.

Libertytown

Md

LIBRARY BUREAU, BOSTON



Murray K. Dorsey

Town

County

Died at

Frederick

"

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

11 14

Age

19

Md

Train

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

X

Father's

Name

Nat Dorsey

Mother's

Maiden Name

Harnut Tyler

Cause of

Primary

Tuberculosis

How long sick

1 Year

Death

Immediate

apnea

~~Accident, Suicide, Homicide~~

Reported by

C. J. Goodell, M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

C. Harmon Dougherty

Town

County

Died at

Frederick

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1962

Nov 11

Age

44-

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Acute Myocarditis

How long sick

12 yr

Death

Immediate

Cardiac Paralysis

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

Lois M. Cundy

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79695



Name In Full

Certificate of Death

Helen Lenora Fuller

Died at ^{Town} near Liberty ^{County} Frederick MARYLAND

Date 1902 ^{Month} Nov ^{Day} 9 - Age 28 ^{Y.} ^{M.} ^{D.} ^{Native of} Lib. Dist. ^{Occupation}

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

~~Number of children living~~

Husband of

Wife

Father's Name Thomas Fuller Mother's Maiden Name Sarah E. Burrer

Cause of Death { Primary ^{How long sick} Throbbing cough 2 days
Immediate ^{Accident, Suicide, Homicide} Epistaxis

Reported by J. Thomas Smith

Address Liberty town Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

George Washington Fletcher

Died at

Brookville Frederick

MARYLAND

Date 19 02

Month

Day

Y.

M.

D.

Native of

Occupation

11. 14

Age

3. 1 5

md

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

~~Single~~

Widower

Number of children living

Husband
of
WifeFather's
Name

R J Fletcher

Mother's

Maiden Name

S R Fletcher

Cause of

Primary

Meningitis

How long sick

3 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

Saml Claggett

Address

Petersville md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1900



Name
in
Full

Susan Flood.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Emmitsburg</i> ^{Town}		<i>Fredrick</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>11</i>	Day <i>11</i>	Age <i>63</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ireland</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Religious</i>			
Name of Wife or Husband					
Father's Name <i>Patrick Flood</i>		<i>40</i>	Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Margaret Riley</i>			Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>Mary B. Orendorf</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of the Stomach</i>	How long <i>10 months</i>
Immediate <i>Paralysis of the Brain</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John B. Branner, MD</i>
	Address <i>Emmitsburg</i>
Accident or Suicide? <i>X</i>	



Name in Full

Certificate of Death

Mary Asher,
 Died at ^{Town} Montevie ^{County} Prince George

MARYLAND

Date 1902 ^{Month} Nov ^{Day} 30 ^{Y.} Age 72 ^{M.} ^{D.} ^{Native of} Germany ^{Occupation} +

~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~
^{Female} ~~Colored~~ ^{Single} ~~Widower~~ ^{Number of children living}

Husband of +
 Wife of +
 Father's Name ^{Mother's} Maiden Name

Cause of Death { Primary Epilepsy 154
 Immediate 2 hours

How long sick
 Came on in a state
 of ex haustion 2 days
 Accident, Suicide, Homicide
 or from disease

Reported by S. S. Haynes

Address 17 Second St. N.W.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

David Allen Fox
 Town Breagerstown County Fredk
 Died at MARYLAND

Date 1902 Nov 24 Y. M. D. 12 Native of Md. Occupation
 Male White Married Widower Divorced
 Female Colored Single Widower Number of children living

Husband of
 Wife

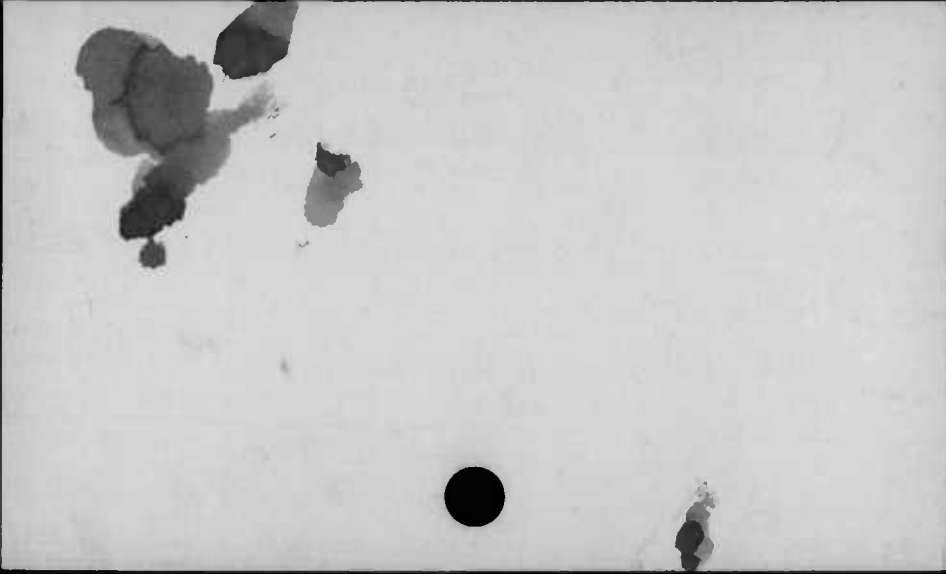
Father's Name Jesse Fox Mother's Name Martha L Fogle

Cause of Death Primary Catarrhal Gastritis How long sick 9 days
 Immediate Transition 15/10/11 Accident, Suicide, Homicide

Reported by A. D. S. Young M. D.

Address Breagerstown Fredk Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

George E Gardner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death 190	2	Month 11	Day 20	Age 4	Years 11	Months 6	Days
Sex	Male		Color	- block		Birth- place	Md
Married, Single or Widowed	X		X	Occupation	X		X
Name of Wife or Husband	X		X	X	X		X
Father's Name	Charles Gardner				Father's Birthplace	Md	
Mother's Maiden Name	Florence Hill				Mother's Birthplace	Md	
Name of person giving In formation	George E Hill				How related to deceased	Nucle	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Epilepsy	How long	1 yr
Immediate	Exhaustion	How long	1 month
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. A. Long M.D.
		Address	37 E. Patrick St Ches.
As a result of suicide?			



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Ann Gillen*
Ann Gillen Town*Frederick* County

Date

of death 190

Month

11

Day

3

Age

Years

83

Months

11

Days

4

Sex

*Female*Color or
Race*White*Birth-
place*Pennsylvania*Married, Single
or Widowed*Single*

Occupation

*Religious*Name of Wife or
HusbandFather's
Name*James Gillen*Father's
Birthplace*not known*Mother's
Maiden Name*Margaret Dougherty*Mother's
Birthplace*not known*Name of person giving
information*Mary Elizabeth Chender*How related
to deceased*Daughter*

CAUSES OF DEATH

Primary

Chronic Catarrh of Stomach

How long

two years

Immediate

Apoplexy of the Brain

How long

*one day*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*John B. Brannen, M.D.*

Address

Annitsburg, Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary Elizabeth Hedges

CERTIFICATE OF DEATH

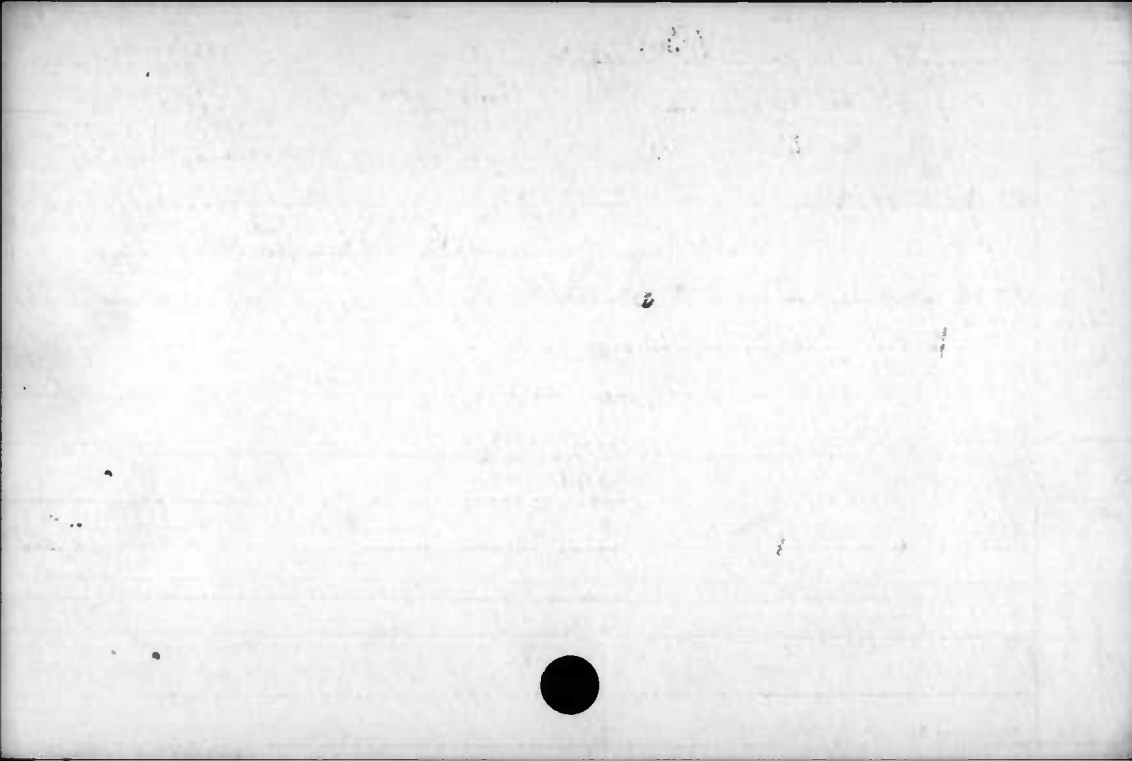
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brunswick</u> ^{Town}		<u>St. Andrews</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u>	Month <u>Dec</u>	Day <u>14</u>	Age <u>58</u> ^{Years}	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>W. Va.</u>		
Married, Single or Widowed <u>Married</u>			Occupation <u>Housewife</u>		
Name of Wife or Husband <u>Bailey S. Hedges</u>					
Father's Name <u>William H. Roberts</u>				Father's Birthplace <u>W. Va.</u>	
Mother's Maiden Name <u>Fancy Schappert</u>				Mother's Birthplace <u>W. Va.</u>	
Name of person giving information <u>Bessie Hedges</u>				How related to deceased <u>Daughter</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Infarcted Heart on 79</u>	How long <u>1 year</u>
Immediate <u>"</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Levin West</u>
	Address <u>Brunswick Md.</u>
Accident or Suicide?	<u>X</u>



John J. Hardagan
 Town *Emmitsburg* County

MARYLAND

Died at *Emmitsburg* Month *11* Day *5* Y. *44* M. *7* D. *5* Native of *MD* Occupation *Carpenter*
 Date 1902 *11-5-5* Age *44-7-5*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Single ☐ Widow ☐ Widower ☐ Divorced ☐
 Number of children living *6*

Husband of *Mary H. Myers*
 Father's Name *Conrad Hardagan* Mother's Name *Matilda Hahn*
 Maiden Name

Cause of Death { Primary *Typhoid Fever* How long sick
 Immediate *Cystitis* ~~Accident, Suicide, Homicide~~

Reported by *Dr L E Stone*

Address *Emmitsburg, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mr. Thomas Franklin Hoffmann

CERTIFICATE OF DEATH

Died at Mt Pleasant		Bordenick Co County		MARYLAND	
Date of death 1902	Month Nov	Day 1	Age 65 Years	Months —	Days 2
Sex Male	Color or Race White		Birth-place Lancaster Pa		
Married, Single or Widowed Married		Occupation Excavator			
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

Primary Pneumonia	How long 10 days
Immediate Paralysis of Heart	How long Few minutes
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Wm. S. Thomas
	Address Bordenick Mt
Accident or Suicide?	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Elizabeth G. Stoner

Town

County

Died at

MARYLAND

Date 1902	Month Nov	Day 13	Y. 68	M. 3	D. 13	Native of Ind. Md.	Occupation
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband
of
WifeFather's
Name

Ezra Stoner

Mother's
Maiden Name

Catherine Brutz

Cause of

Primary

Typhoid Fever.

How long sick

Seventeen days

Death

Immediate

Meningitis

Accident, Suicide, Homicide

Reported by

J. B. Johnson M.D.

Address

Ind. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Grace Rebecca Johnson
 Town Frederick County MARYLAND

Died at

Date 1912

Male

Female

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Month Nov Day 14th Y. 1 M. 7 D. 10 Native of Md Occupation
 Married Widowed Divorced Number of children living 8

William Johnson Maiden Name Sarah Lee

Primary Whooping Cough How long sick 8 weeks
 Immediate Broncho Pneumonia immediate today
 Accident, Suicide, Homicide

Frank Hedger M.D.



Lizzie Kline

Town

County

MARYLAND

Died at

Wolfsville

Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Nov. 8

Age

59

Md.

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

5

Husband

of

Martin Kline

Wife

Father's

Name

Enoch Frey

Mother's

Maiden Name

Catherine Kline

Cause of

Primary

General dropsy

How long sick

about 1 yr

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

A. J. Smith M.D.
Wolfsville
Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Calvin W. Kolb

CERTIFICATE OF DEATH

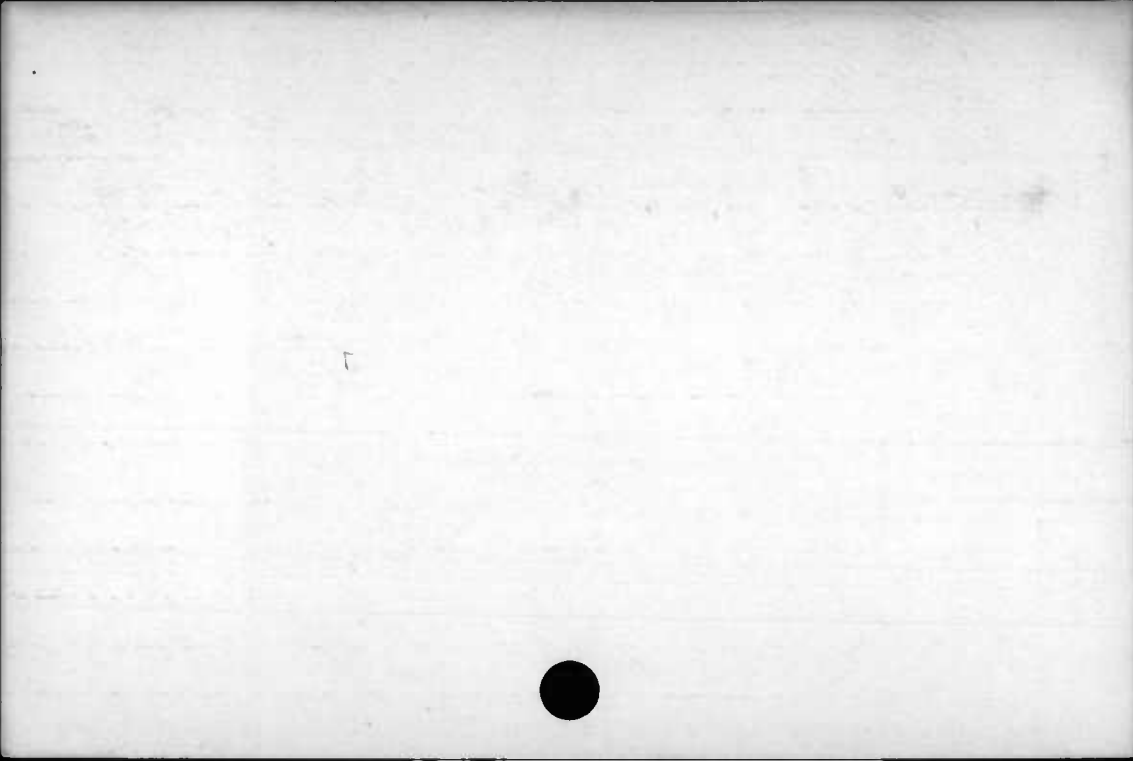
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hartman's Station</i> ^{Town}		<i>Indiana</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Novem.</i>	Day <i>8</i>	Age <i>33</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind.</i>			
Married, Single or Widowed <i>Single</i>	Occupation <i>Brick Mason</i>				
Name of Wife or Husband					
Father's Name <i>Wm. Kolb</i>				Father's Birthplace	
Mother's Maiden Name <i>Don't know</i>				Mother's Birthplace	
Name of person giving information <i>Harry E. Learty</i>				How related to deceased <i>Not related</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Killed by B. & O. R. R. Engine</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John H. Shipley, Coroner</i>
	Address <i>Jamesville, Ind.</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

Rose Korman.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Emmitsburg* ^{Town} *Frederick* ^{County}

Date of death 190 *2* Month *11* Day *15* Age *67* Years Months *11* Days *15*

Sex *Female* Color or Race *White* Birth-place *Ireland*

Married, Single or Widowed *Single* Occupation *Religious*

Name of Wife or Husband *=*

Father's Name *=* Father's Birthplace *=*

Mother's Maiden Name *=* Mother's Birthplace *=*

Name of person giving information *Maybarnard Greiderf-* How related to deceased *None*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

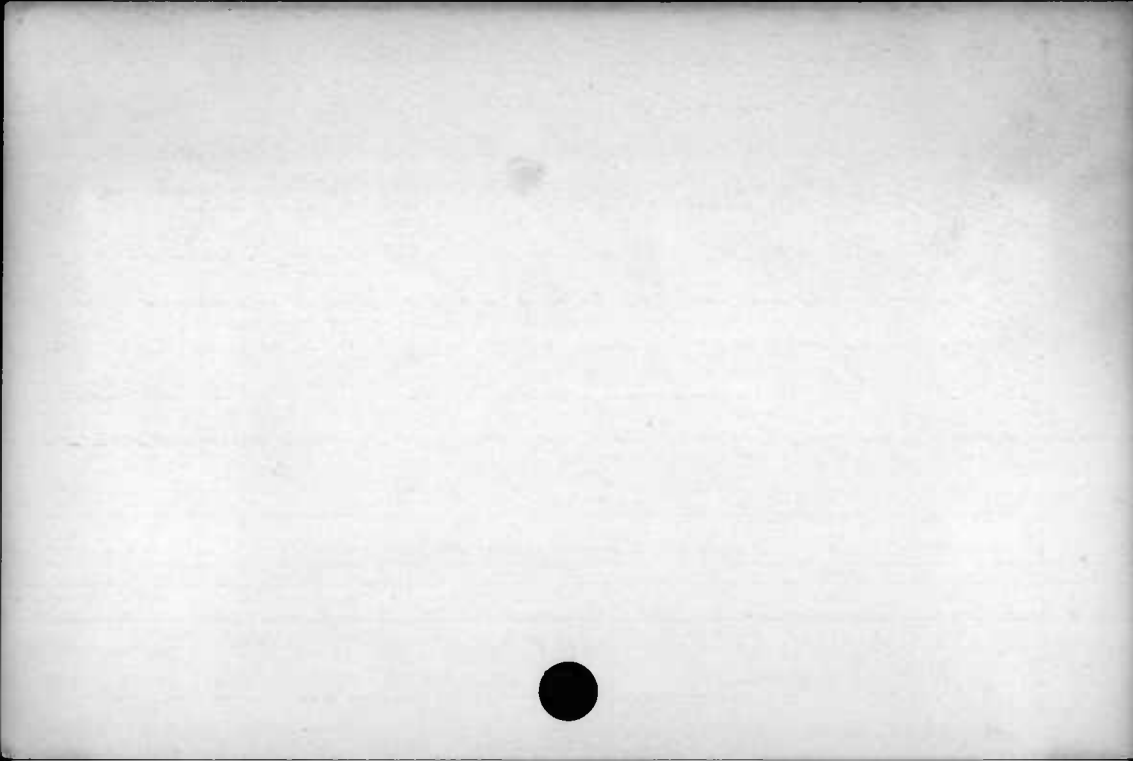
Primary *Fatty Heart* How long *18 Months*

Immediate *Paralysis Braeri* How long *24 Hours*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *John B. Brown M.D.*

Address *Emmitsburg X*

Accident or Suicide?



Name in Full

Certificate of Death

Died at

Date 19

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

MARYLAND

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

McDaniel Sarah J.

Town

County

Died at

MARYLAND

Date 1902 - 11 - 10

Age

68 - 1 - 4

Native of

Occupation

Lanana Trip

~~Male~~

White

~~Married~~

Widow

~~Single~~

Female

~~Married~~~~Single~~~~Widow~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Mittal Disease

79

How long sick

2 or 3 yrs

Death

Immediate

Carbolic Acid

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate

derived from _____

of _____

Ann Matilda Mann -
 Town County

Died at Frederick Frederick MARYLAND
 Month Day Y. M. D. Native of Occupation

Date 1902 Nov 3 Age 82-10-3 Ind
~~Male~~ White Married Widow ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living 6

~~Husband~~ of Stephen Stafford Mann
 Wife
 Father's Name John Hartsock Mother's Maiden Name Pemelia Bernard

Cause of Death { Primary Apoplexy How long sick 4 days -
 Immediate Shock let ~~Accident, Suicide, Homicide~~

Reported by R.S. Tyson M.D.

Address Frederick Md

Must be signed by physician, if any in attendance, otharwise by coroner, undertaker or minister.

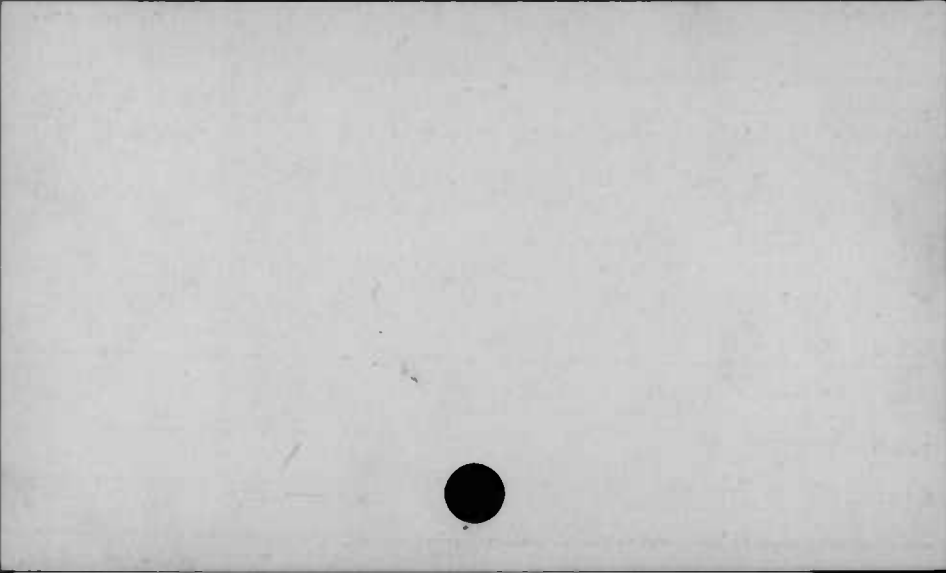


Died at *Middletown* Town *Fredrick* County MARYLAND

Husband of James Matthews
 Wife Molly
 Father's Name Molly Mother's Name 27

Reported by *Det. J. J. [redacted] S.M.D.*
Address *Middleton*

LIBRARY BUREAU, 79893



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Still Born Female Miller

Died at		Town <i>Fredricks</i>		County <i>Fredricks</i>		MARYLAND	
Date of death 1902	Month <i>11</i>	Day <i>17</i>	Age Years		Months		Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>City</i>			
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name <i>Edward Miller</i>				Father's Birthplace <i>City</i>			
Mother's Maiden Name <i>Cornelia Lambert</i>				Mother's Birthplace <i>Netica, Md.</i>			
Name of person giving In formation <i>Mess Edw. Miller</i>				How related to deceased <i>Mother.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Annie Smothers Esq.</i>	
		Address	
		<i>Mid-Wife</i>	
		<i>A. T. Rice & Son's</i>	
		<i>Funeral Directors</i>	
Accident or Suicide?			



Name
in
Full

Mary A Minor

CERTIFICATE OF DEATH

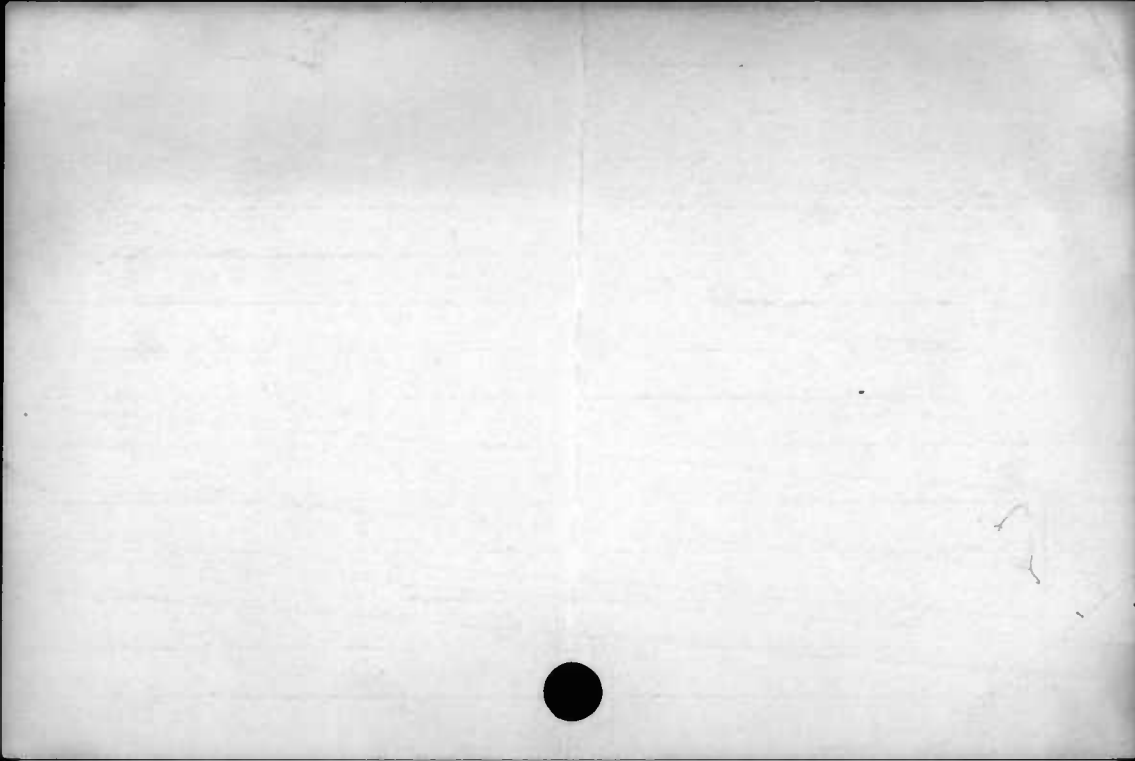
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Pleasant</i>		Town		<i>Frederick</i>		County		MARYLAND	
Date of death 190 <i>2</i>		Month <i>Nov</i>		Day <i>7</i>		Age <i>83</i>		Months <i>10</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Virginia</i>		Occupation <i>Housekeeper</i>		Married, Single or Widowed <i>Widowed</i>	
Name of Wife or Husband <i>John Minor</i>		Father's Name		Father's Birthplace		Mother's Maiden Name		Mother's Birthplace	
Name of person giving information <i>Alice Washington</i>		How related to deceased <i>Daughter</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>		How long <i>15 days</i>	
Immediate <i>age & exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>D. E. Ston</i>	
Accident or Suicide?		Address <i>Mt Pleasant</i>	



Name In Full

Certificate of Death

Rev. Calvin Wash. Moser

Died at ^{Town} *Bolivar* ^{County} *Fred* MARYLAND

Date 1902 ^{Month} *Nov* ^{Day} *28* ^{Y.} *18* ^{M.} *5* ^{D.} *15* ^{Native of} *Fred Co* ^{Occupation} *Farmer*

Male ☐ White ☐ Married ☐ Widow ☐ Divorced ☐
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living ☐

Husband of

Wife

Father's Name

Isaiah O. Moser

Mother's Maiden Name

Elizabeth Shaw

Cause of

Primary

Gunshot Wound

How long sick

11 days

Death

Immediate

*Lelanus**166*

Accident, Suicide, Homicide

Reported by

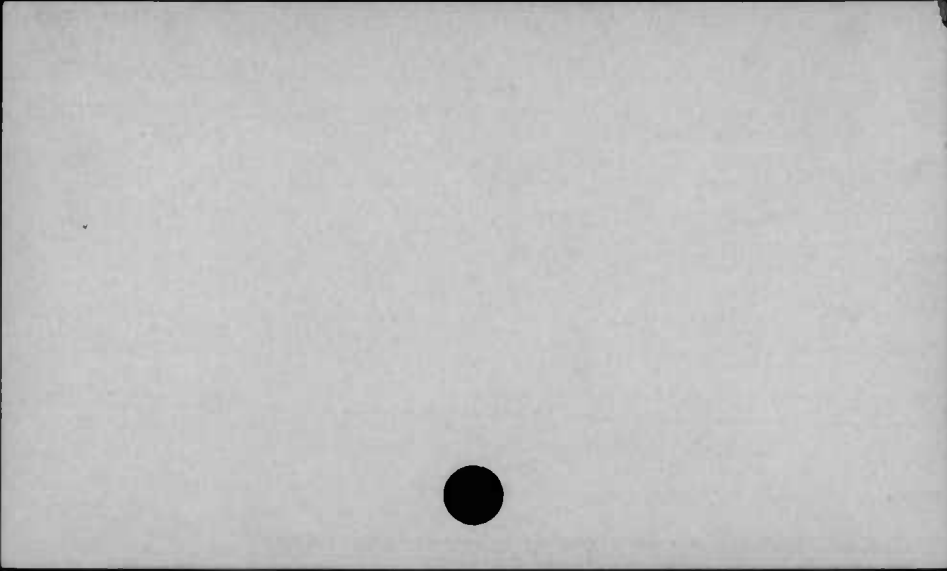
*S. S. Davis**M.D.*

Address

*Bronsboro**Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Jacob Moser
 Died at *Marysville* *Fredenck* - *MARYLAND*
 Town County

Date 1902 *Nov. 1* Age *73-6m-5d* Native of *N. S.* Occupation *Farmer*
 Month Day Y. M. D.
 Male White Married Widow Divorced
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *4*

Husband of *Malinda Moser*
 Wife
 Father's Name *Christian Moser* Mother's Maiden Name *Elizabeth Tans.*

Cause of Death { Primary *Chronic Bright's Disease* How long sick
 Immediate *Uremic Coma* ~~Accident, Suicide, Homicide~~

Reported by *Ralph Browning* *120*
 Address *Marysville, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Belva E. Myers.

Town

County

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Frederick

Nov. 21st

Age

3 10 14

Md

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Sidney Myers

Miss Smith

Cause of

Primary

Acute Bronchitis

How long sick

5 weeks
Pri. Sm. 10 days

Death

Immediate

Double Pneumonia

Accident, Suicide, Homicide

Reported by

Frank Hedger M. C.

Address

Frederick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75898



Hattie Nichols

Town

County

Died at

Mountville

Andruck

MARYLAND

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
02	Nov	4	28	3	28	Fredrick Co.	Housewife
Male	White		Married		Widow	Divorced	
Female	Colored		Single		Widower	Number of children living	0

Husband of

Caleb Nichols

Fether's Name

Mother's

Maiden Name

Cause of

Primary

Consumption

Probably an old gonorrheal septicaemia

How long sick

1 1/2 yrs

Death

Immediate

-Accident, Suicide, Homicide

Reported by

C. R. Crane

Address

Jefferson

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Nancy Cassell Nicodemus

CERTIFICATE OF DEATH

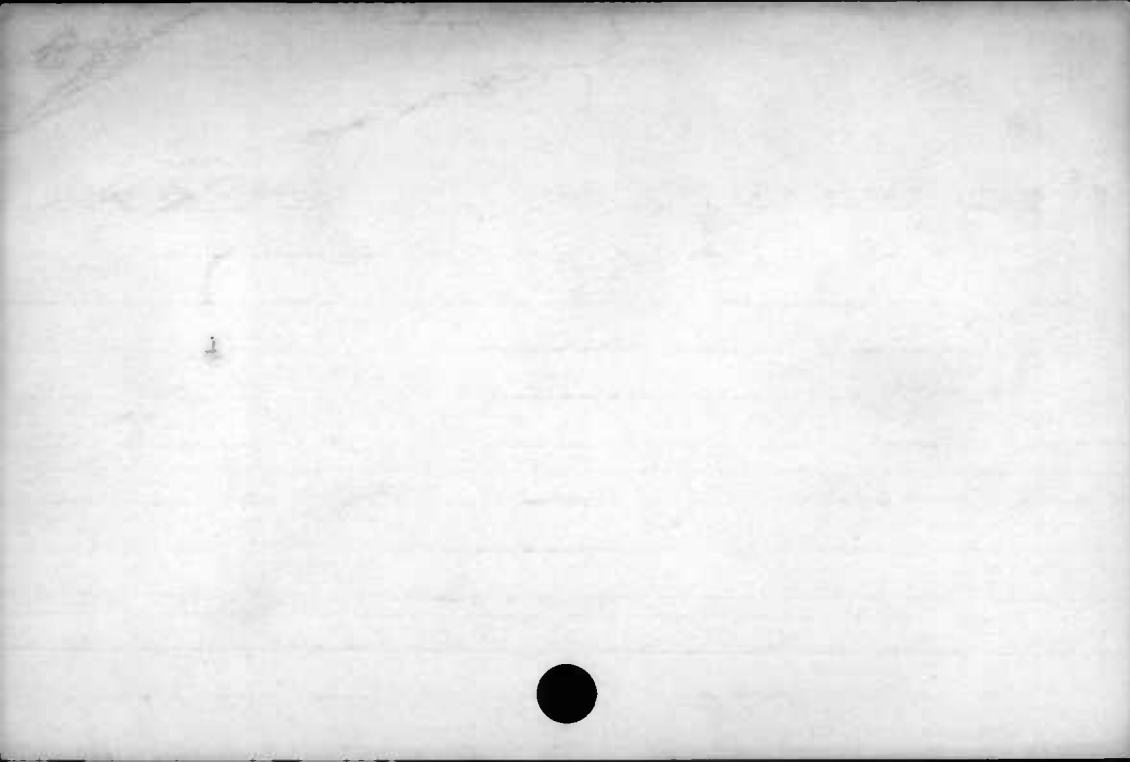
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Malkersville</i> Town		<i>Fredrick</i> County		MARYLAND	
Date of death 190 <i>V</i>	Month <i>Nov</i>	Day <i>7</i>	Age <i>71</i> Years	Months <i>6</i>	Days <i>-</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Hatefield Carroll Co. Md.</i>	
Married, Single <i>or Widowed</i>			Occupation <i>housewife</i>		
Name of Wife or Husband <i>J. S. Nicodemus</i>					
Father's Name <i>David Cassell</i>			Father's Birthplace <i>Carroll Co. Md.</i>		
Mother's Maiden Name <i>Elizabeth Roop</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving Information <i>J. S. Nicodemus</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral paralysis & hemorrhage</i>	How long	<i>4 years</i>
Immediate	<i>Pneumonia</i>	How long	<i>4 days</i>
Are the name, age, sex, color date and place correctly given above?		Signature of Physician <i>J. S. Nicodemus</i>	
<i>yes</i>		Address <i>Malkersville</i>	
Accident or Suicide?			



Name In Full

Certificate of Death

Catharine Mullen

Town

County

Died at near Ulica

Frederick

MARYLAND

Date	1902	Month	11	Day	3	Age	85	Y.	5	M.	9	D.	Native of	Maryland	Occupation	Portrait
	Male		White		Married		Widow		Divorced							
	Female		Colored		Single		Widower								Number of children living	9

Husband of Jas Mullen dec.

Wife

Father's Name Jacob Hoover

Mother's Name Eliz Ridge

Cause of Primary Senile Debility

How long sick

4 days

Death Immediate Heart Failure

154

~~Accident, Suicide, Homicide~~

Reported by J. E. M. Lillie

Address Frederick Md

R. F. D. #24 X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7580A



Name
in
Full

Chr W - Pluck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Breunswick</u> Town			<u>Fredrick</u> County			MARYLAND	
Date of death 190 <u>2</u>	Month <u>Nov</u>	Day <u>26</u>	Age	Years	Months <u>0</u>	Days	
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Breunswick</u>			
Married, Single or Widowed <u> </u>			Occupation <u> </u>				
Name of Wife or Husband <u> </u>							
Father's Name <u>Chr W. Pluck</u>				Father's Birthplace <u>W. Va</u>			
Mother's Maiden Name <u>Addie J. Ruesberg</u>				Mother's Birthplace <u>Ind.</u>			
Name of person giving information <u>C. E. Orrison</u>				How related to deceased <u>Uncle</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Bronchopneumonia</u>	How long <u>5 weeks</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Levin West</u>
	Address <u>Breunswick Ind</u>
Accident or Suicide?	<u>X</u>



Elizabeth Penney.
 Died at *Point of Pikes* ^{Town} *York* ^{County} *real* MARYLAND
 Date 19 *02* Month *11* Day *20* Age *18* Y. *4* M. *12* D. *real* Native of *real* Occupation
 Male *White* Married *Widow* Divorced
 Female *Colored* Single *Widower* Number of children living

Husband
of
Wife

Father's Name *real* Mother's Maiden Name *Leana Penney.*

Cause of Death { Primary *Tuberculosis* Immediate
 How long sick
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Malinda Catherine Rautzahn

Town

County

MARYLAND

Died at

Elberton

Frederick

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Apr 28

Age

73-6-3

Md.

Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

3

~~Husband~~

of

Elias Rautzahn

Wife

Father's

Mother's

Name

Maiden Name

Jonathan Buttle

Rachel Bogner

Cause of

Primary

Chronic Bright's Disease

How long sick

6 mos.

Death

Immediate

Convulsion. 120

~~Accident, Suicide, Homicide~~

Reported by

Ralph Brauning

Address

Myersville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998



Name in Full

Certificate of Death

Miranda Redmon

Town

County

Garfield

Frederick

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Nov

17

Age

64

Md

Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Cancer

45

How long sick

4 mos.

~~Accident, Suicide, Homicide~~

Reported by

Address

A. J. Smith M.D.
Wolfsville,
Md. X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Amelia Rebecca Riddlemeyer

CERTIFICATE OF DEATH

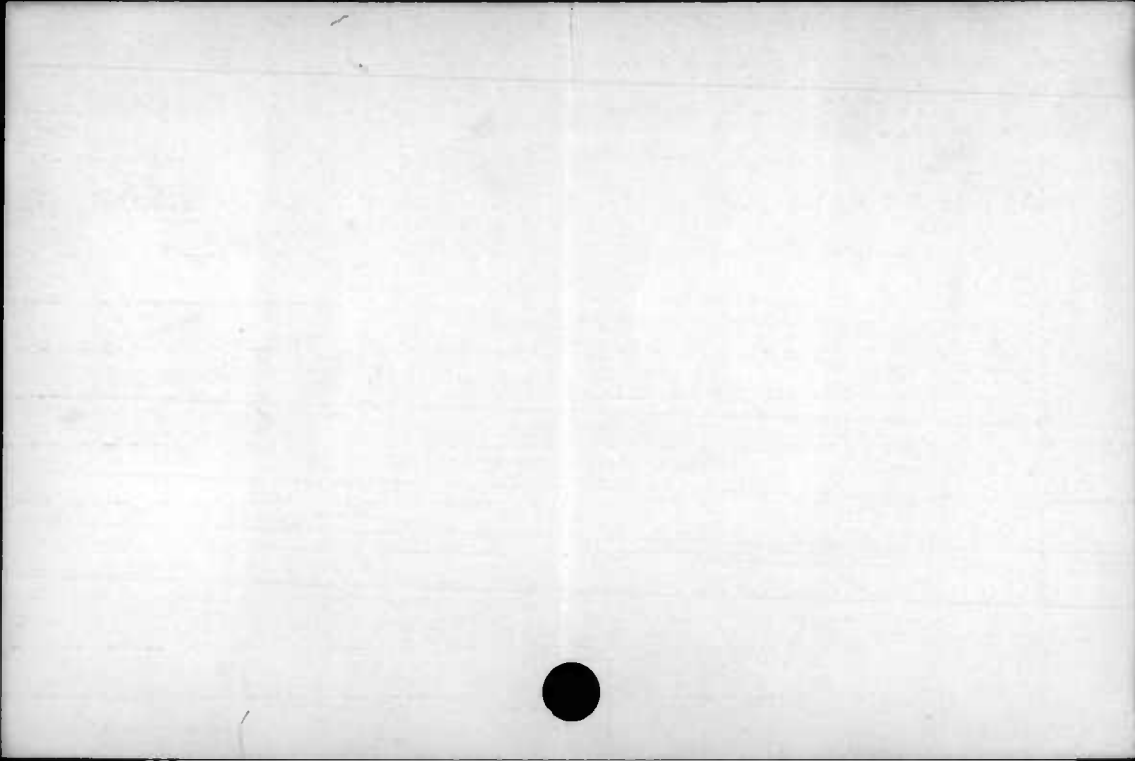
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Pleasant</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death 1902	<i>Novem</i> ^{Month}	<i>4</i> ^{Day}	Age <i>69</i> ^{Years}	<i>0</i> ^{Months}	<i>13</i> ^{Days}
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Frederick</i>	
Married, Single or Widowed <i>Single</i>			Occupation <i>Housekeeper</i>		
Name of Wife or Husband					
Father's Name <i>Jacob Riddlemeyer</i>			Father's Birthplace		
Mother's Maiden Name <i>Campbell (Amelia)</i>			Mother's Birthplace <i>Woodboro</i>		
Name of person giving information <i>Joe Riddlemeyer</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long
Immediate <i>Heart Failure</i> <i>let</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. E. Stone</i>
	Address <i>Mt Pleasant</i>
Accident or Suicide?	



Name
in
Full

Clinton Augustus Riddlemose

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Mt Pleasant		Town Frederick		County		MARYLAND	
Date of death 190 2	Month Nov	Day 10	Age 67	Years	Months 4	Days 26	
Sex Male		Color or Race White		Birth-place Frederick			
Married, Single or Widowed Single		Occupation Merchant					
Name of Wife or Husband							
Father's Name Jacob Riddlemose				Father's Birthplace unknown			
Mother's Maiden Name Amelia Campbell				Mother's Birthplace Woodsboro Md			
Name of person giving information Emma Riddlemose				How related to deceased Sister			

CAUSES OF DEATH

170

PHYSICIAN
OR CORONER

Primary Bright's Disease of Kidney		How long 10 or 12 months	
Immediate Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician H. E. Stone	
		Address Mt Pleasant	
Accident or Suicide?		no	



Name
in
Full

Marry E. Rosenstiel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Emmitsburg</i> ^{Town}		<i>Fredrick</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>11</i>	Day <i>11</i>	Age <i>72</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Emmitsburg Md</i>		
Married, Single <i>Married</i>	Occupation <i>Housekeeper</i>				
Name of Wife or Husband <i>Joseph Rosenstiel</i>					
Father's Name <i>Henry Dukehart</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Margaret Not Known</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>John Rosenstiel</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Fatty Heart and Ascites</i>	How long <i>18 Months</i>
Immediate <i>@ 0200</i>	How long <i>12 Hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John B. Brauer, M.D.</i>
	Address <i>Emmitsburg</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Phump V. Ruck

Died at <i>Fredrick</i> Town		<i>Fredrick</i> County		MARYLAND	
Date of death 1902	Month <i>Nov</i>	Day <i>9</i>	Age <i>45</i> Years	Months <i>11</i>	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Fredrick</i>	
Married, Single or Widowed <i>Single</i>			Occupation		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Alcoholism</i>	How long <i>56</i> years
Immediate <i>Chenal</i>	How long <i>Few minutes</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. G. McComas</i>
	Address <i>Fredrick Md</i>
Accident or Suicide?	



Name In Full

Certificate of Death

George Edw. Shipley

Town

County

MARYLAND

Died at *Frederick*

Date 19	Month	Day	Y	M.	D.	Native of	Occupation
<i>02</i>	<i>11</i>	<i>12</i>	<i>62</i>	<i>9</i>	<i>1</i>	<i>Md</i>	<i>Broker</i>
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower			Number of children living	<i>2</i>

Husband of *Mrs Emily Hendry Shipley*

Father's Name *Isaac C. Shipley* Mother's Name *Mary A. Poyer*

Cause of Death { Primary *Arterio Sclerosis* How long sick *6 yrs*

Death { Immediate *Acute Broncho-Pneumonia* Accident, Suicide, Homicide

Reported by *W. F. Gortlee, M.D.*

Address *81*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full *Jas. H. Simmes.*
 Died at *Catoctin Furnace* *Frederick* *MARYLAND*
 Date 19*02* *Nov* *15* *Y.* *M.* *D.* *Ind*, *Occupation*
 Male *White* *Married* *Widow* *Divorced*
~~Female~~ ~~Colored~~ *Single* *Widower* *Number of children living*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999



Name
in
Full

Mary E Swank

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Frederick

Date

Month

Day

Years

Months

Days

of death 1902

11

6

Age

65

Sex

Female

Color or
Race

White

Birth-
place

Mt Pleasant

~~Married, Single~~
Widowed

Occupation

House Wife

Name of Wife of

+ Aaron Swank deceased

Father's
Name

Chas. E. Smith

Father's
Birthplace

Mt Pleasant

Mother's
Maiden NameMother's
BirthplaceName of person giving
Information

Chas E. Smith

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Paralysis 66

How long

about 14 months

Immediate

Dropsy and Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

no Physician

Accident or Suicide?



Name In Full

Certificate of Death

16

Virginia M. Spriggs

Died at *New Market*

Town

County

Frederick

MARYLAND

Date 1902 *11* *5* Month Day

Age *7 Wks* Y. M. D.

Native of *md*

Occupation *—*

Male *White* *Married* *Widow* *Divorced*

Female Colored Single Widowed Number of children living

Husband of *—*

Wife

Father's Name *Wm Spriggs*

Mother's

Maiden Name

*Anna Mary Crampton*Cause of Primary *Pertussis*

How long sick

*2 Wks*Death Immediate *Capillary Bronchitis*

Accident, Suicide, Homicide

Reported by *Coroner & Hopkins*Address *New Market**Maryland*

X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Bennetta Thomas.

CERTIFICATE OF DEATH

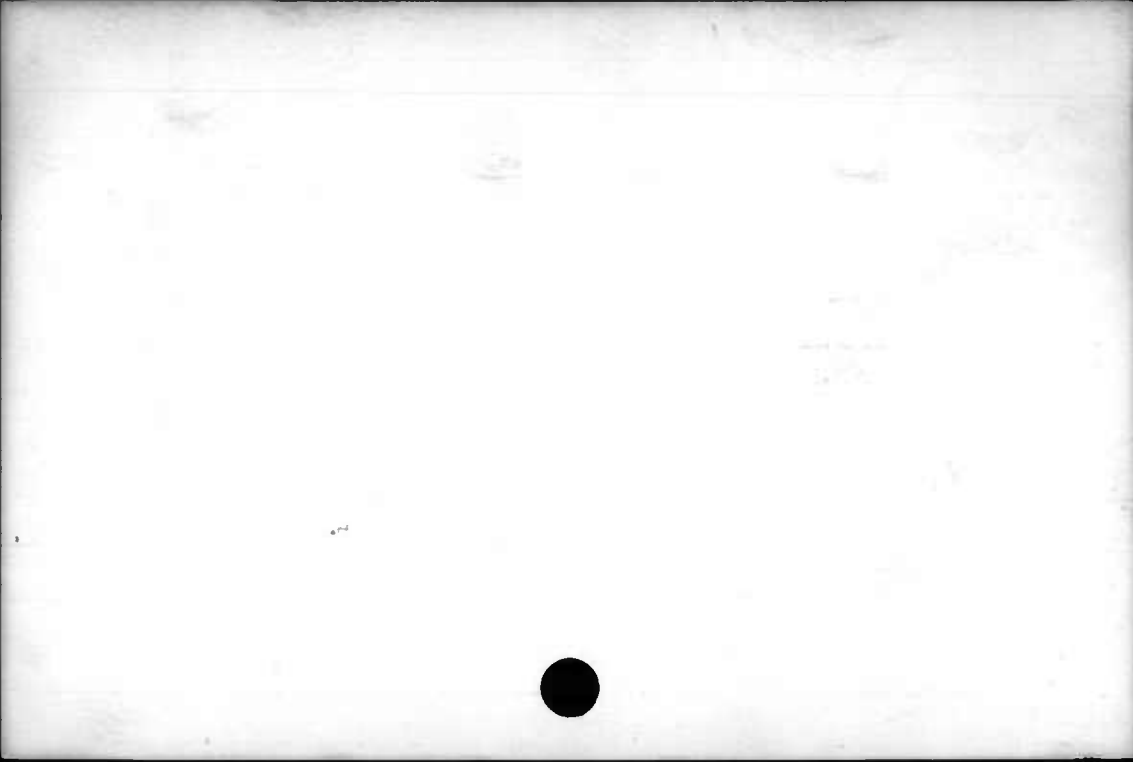
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick.</i>		County <i>Frederick.</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Nov.</i>	Day <i>13th</i>	Age <i>45.</i>	Years	Months	Days	
Sex <i>Female.</i>	Color or Race <i>Colored.</i>		Birth- place <i>Maryland.</i>				
Married, Single or Widowed			Occupation <i>Cook.</i>				
Name of Wife or Husband <i>Henry Thomas.</i>							
Father's Name			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving In formation <i>Lizzie Hall</i>			How related to deceased <i>Daughter.</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart Disease and Atheroma</i>	How long	<i>Several mo. or more.</i>
Immediate	<i>Cerebral Hemorrhage.</i>	How long	<i>Two days.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. G. Bourne, M.D.</i>	
<i>as far as could be ascertained</i>		Address # <i>52 All Saint St. Frederick, Md.</i>	
Accident or Suicide?			



Name In Full

Certificate of Death

Charles A. Thomas

Town

County

Died at

MARYLAND

Date 19

02

Nov

12

Age

44.7.3

Md

Occupation

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

108

How long sick

Death

Immediate

Intussusception

Accident, Suicide, Homicide

Reported by

H. Boteler Evans M D

Address

Jefferson Fred Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, V9008



Name in Full

Certificate of Death

Harnet Simmons McCleary Thomas

Town

County

Died at

Frederick

Frederick

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 190

Nov.

10

Age

68

Md

Male

White

Married

Widow

~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

0

~~Husband~~
of

~~Wife~~
of

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Exhaustion

How long sick

10 days

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79946



Name
in
Full

Charles R. Pittlow

CERTIFICATE OF DEATH

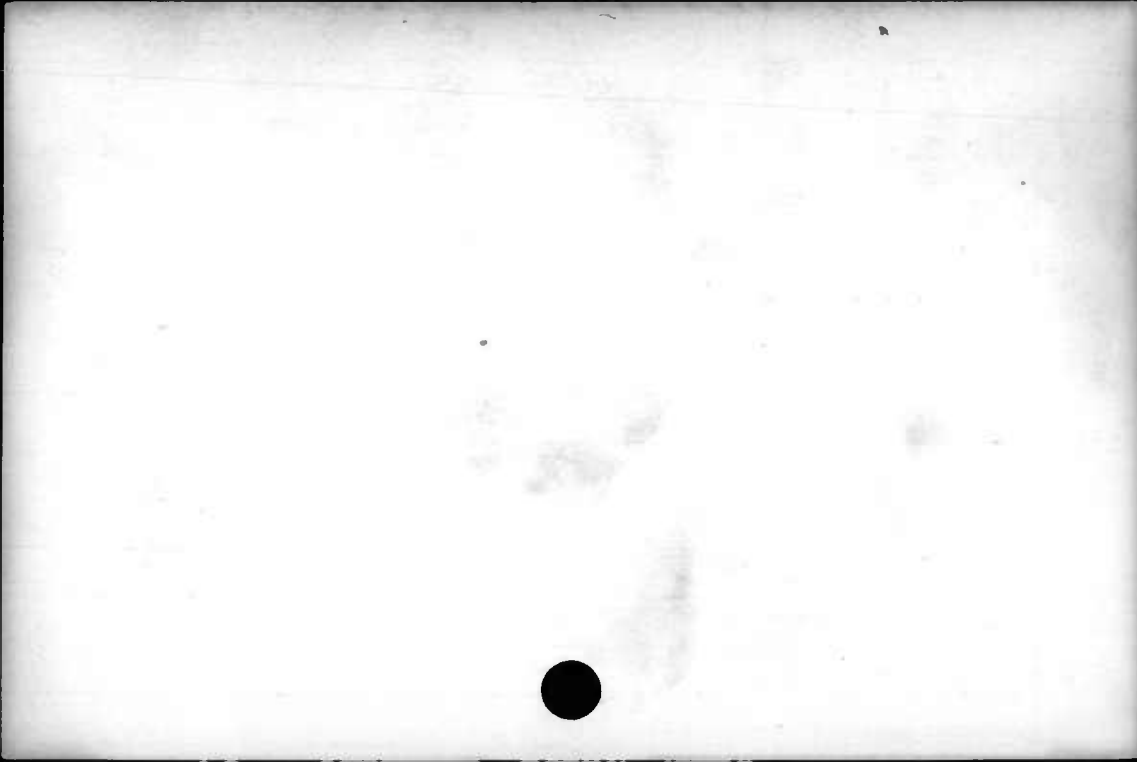
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Baltimore		County Baltimore		MARYLAND	
Date of death 190		2	Month 11	25	Day	40	Years
Sex		Male		Color or Race		White	
Married, Single or Widowed		Widower		Occupation		Shoemaker	
Name of Wife or Husband		Benjamin Miller					
Father's Name		John Pittlow				Father's Birthplace	
Mother's Maiden Name		Margaret Joglew				Mother's Birthplace	
Name of person giving in formation		Chas. Pittlow				How related to deceased	
		123				Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Immediate		Chronic Cystitis & Epilepsy		How long		20 years	
		Convulsions & Stuttering		How long		20 years	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		S. H. H. H. H.	
				Address		Baltimore, Md.	
Accident or Suicide?							



Waggoner

Died at *Indeich* Town *do* County *do* MARYLAND

Date 1902 11 15 Month Day Y. M. D. Age 3 hrs Native of *do* Occupation *x*

Male White Married Widowed Divorced
~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of *x*
 Wife

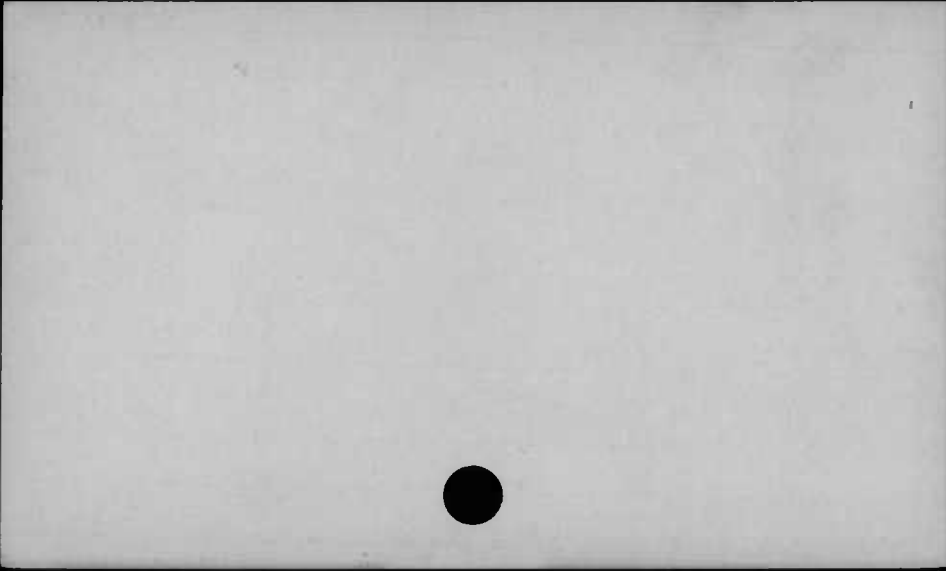
Father's Name *Frank Waggoner* Mother's Maiden Name *Mrs. Mary Burr*

Cause of Death Primary *Tricuspid Regurgitation* How long sick
 Immediate *Asthma* 151 Accident, Suicide, Homicide

Reported by *Burkham Buchanan Smith*

Address *Indeich*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Harriet Wallace,

Died at Luni Kien Indones MARYLAND
 Town County

Date 1962 Nov 28 13 Indones
 Month Day Y. M. D. Native of Occupation

Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name X 53 Mother's Maiden Name Mary Wallace

Cause of Death { Primary Leucemia How long sick 8 or 10 months
 Immediate Agapuma Accident, Suicide, Homicide

Reported by J. B. Johnson M.D.Address Indones Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Caroline Lewis Warfield
~~Heath~~ Town ~~Frederick~~ County Md

MARYLAND

Died at
 Date 1902 Month Nov Day 20th Age 76-1
 Male White Married Widow ~~Divorced~~
 Female Colored Single Widower Number of children living 8

Husband of
 Wife Garrison Warfield
 Father's Name Wm Lewis Mother's Name

Cause of Death { Primary Cancer of the Liver
 Immediate
 How long sick 37 months
 Accident Suicide Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, REGER



Name In Full

Certificate of Death

Helena Waters

Town

County

MARYLAND

Died at

Fredenck

Fredenck Co

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Nov. 12

Age

[Redacted]

Fredenck

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Diphtheria

Death

Immediate

Acute Diphtheria

92

How long sick

one week

Accident, Suicide, Homicide

Reported by

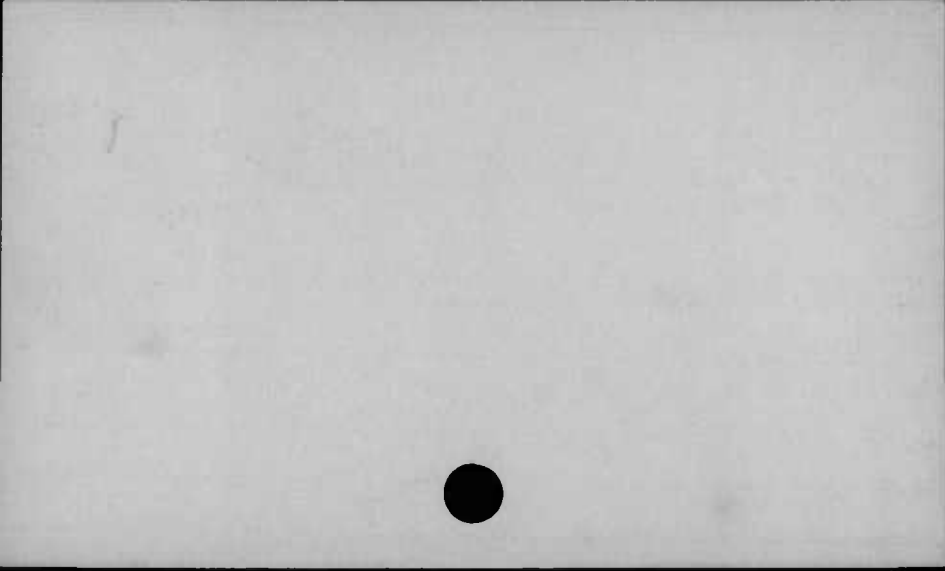
W. W. Corcoran

Address

Fredenck Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name
in
Full

Francis Virginia Hatters.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>head Burkettsville</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Nov</i>	Day <i>10</i>	Age <i>52</i>	Years	Months <i>7</i>	Days <i>23</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Virginia</i>			
Married, Single or Widowed <i>Married</i>			Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Peter Hatters.</i>							
Father's Name <i>Edward Owens.</i>				Father's Birthplace <i>Virginia</i>			
Mother's Maiden Name <i>None no knowledge.</i>				Mother's Birthplace <i>Shirley Virginia</i>			
Name of person giving information <i>Peter Hatters</i>				How related to deceased <i>Husband.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of Pyloric End Stomach</i>		How long <i>Has cancer</i>	
		How long <i>my cancer about 3 weeks.</i>	
Immediate		<i>40</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>C. H. Solittman</i>	
		Address <i>Burkettsville</i>	
Accident or Suicide?		<i>True.</i>	

RECEIVED

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death 190		2	Month <i>Nov.</i>	Day <i>27</i>	Age <i>Still born</i>	Years	Months —
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth- place <i>Frederick</i>		Days —	
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>James Williams</i>				Father's Birthplace <i>Cumberland</i>			
Mother's Maiden Name <i>Mary Magruder</i>				Mother's Birthplace <i>Cumprland</i>			
Name of person giving In formation <i>James Williams</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		<i>Premature birth - from excessive work</i>		How long <i>3 days</i>	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes.</i>		Signature of Physician <i>U G Bourne M.D.</i>	
				Address <i>57 All Saint St.</i>	
Accident or Suicide?					



Name
in
Full

Russell Wood

CERTIFICATE OF DEATH

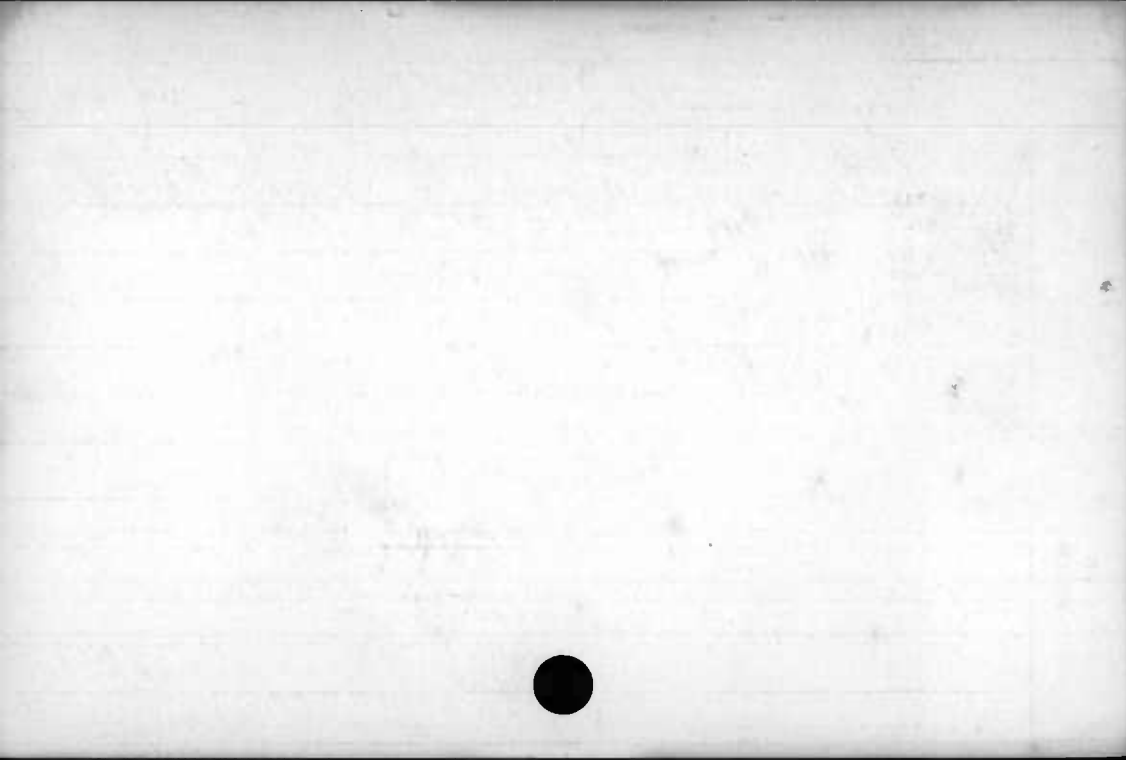
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Brunswick		^{County} Frederick		MARYLAND	
Date of death 1902	Month Nov	Day 10	Age Years 2	Months 7	Days 20
Sex Male	Color or Race White		Birth-place Washington Co, Md.		
Married, Single or Widowed Single		Occupation none			
Name of Wife or Husband —					
Father's Name William a Wood			Father's Birthplace Md		
Mother's Maiden Name Margurite Hankley			Mother's Birthplace Md		
Name of person giving information J. P. Wood			How related to deceased Uncle		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malaria, Hirs, Gastric disorder	How long	2 weeks
Immediate	Autotoxemia	How long	24 hours
Are the name, age, sex, color, date and place correctly given above? yro		Signature of Physician A. J. Horine	
		Address Brunswick, Md.	
-Accident or Suicide?			



Name
in
Full

Rachael Ogoretta Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near McCalla Town</i>		Town <i>McCalla</i>		County <i>Brederick</i>		MARYLAND	
Date of death 1902	Month <i>Nov</i>	Day <i>3</i>	Age <i>1</i>	Years	Months <i>7</i>	Days <i>13</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birthplace <i>Brederick Co</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>					
Name of Wife or Husband _____							
Father's Name <i>Gra. Jacob Young</i>				Father's Birthplace <i>Brederick Co</i>			
Mother's Maiden Name <i>Wirdie Horner Baker</i>				Mother's Birthplace <i>Wash. Co. Md</i>			
Name of person giving information <i>Gra. J. Young</i>				How related to deceased <i>Parent</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Severe Cold & teething</i>	How long <i>about one week</i>
Immediate <i>Meningitis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>E. H. Schiltneck</i>
	Address <i>Burkittsville Md.</i>
Accident or Suicide?	

